

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10-049,223</div>	FILING DATE
APPLICANT(S)		

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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TOTAL IND.	1					
TOTAL DEP.	27					
TOTAL CLAIMS	28					

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